

South Dakota One Call SEQUENCE NUMBER 0103 CDC = XPR

Type: *** V E R I F I C A T I O N *** Class: VERIFY

Transmit: 12/05/05 At: 1422 CST

Prepared: 05-DEC-05 Time: 1522 CST By: BEB

Ticket No.: 053390103 NO RESPONSE TO Ticket No.: 053330128

Operators Notified:

BCA=/BROOKINGS CATV / DDD=/D&D TRAILER PK / DES=/CITY OF DE SMET/
KIN=/KINGBROOK WATER/ OT3=/OTTER PWR-MLBNK/ P10=/NWPS-GAS /
UWS=/QWEST LOCAL-ELM/ KGE=/KINGSBURY ELEC /

Excavator Information:

Caller: NORMA RABENBERG Phone: 605-854-9091

Excavator: NORMA RABENBERG
Address: 307 HWY 14 W
City: DESMET, SD 57231
Phone: 605-854-9091 Fax:

Contact: NORMA RABENBERG Phone: 605-854-9091
Alt. Contact: Phone: 605-350-0280

Location Information:

County: KINGSBURY City/Village: DE SMET

Map Ref: 44228-097330 Grids: 6
Exc. Site Address: 307 HWY 14 W
Nearest Intersection: SD HWY 25
Type of Work : MAILBOX INSTALL
Work Being Done For: NORMA RABENBERG
Depth: 2FT Explosives: N Tunnel/Bore: N
Start Date: 12/05/05 Time: 1549 CST Duration: 01 DAY
Meeting Required: N Best Time to Contact: 0800 - 0500
Exc. Site (Marking Instr.): R.O.W.: Y TRSQ:
LOC. ALONG THE ROAD IN FRONT OF THE PROPERTY
GPS Lat/Long:

Remarks:

EXPIRES DEC 22 @ 15:49 CST
**MODIFICATION OF TICKET #053330125 - PLEASE LOC. EVERYTHING
ALONG THE ROAD WITHIN 7-10FT W OF THE CONCRETE DRIVEWAY - THANKS
ATTN ALL UTILITIES MARK LINES ASAP WORK TO BEGIN RC#05330128

Total Grids: 6

44228-097330, 44228-097332, 44228-097334, 44230-097330, 44230-097332,
44230-097334

End Ticket

PROBLEM RESOLUTION FORM

OPERATOR NAME: Michele Mansfield DATE: 12-5-05 TIME: 15:33

COMPANY NAME: Dand D Trailer Park CONTACT NAME: —

COMPANY TELEPHONE: 605-854-3987 ALTNERATE TELEPHONE: —

STATE: SD CDC: DDD SITE #: 6611 TICKET #: 053390103

TYPE OF ISSUE (Please circle all that apply): CURRENT PROBLEM ☐ POTENTIAL PROBLEM

DAY VOICE AFTER HOURS VOICE FAX COMPANY NAME CHANGE DISCONNECTED PHONE
CALLING HOMEOWNER LOCATING SERVICE WILL CHANGE COMPANY WILL BE SOLD/ACQUIRED
MOVING TO A NEW OFFICE INDIVIDUAL LOCATOR TO BE AWAY CLOSED FOR HOLIDAY OTHER

ADDITIONAL DETAILS:

Someone named Scott answers phone and after identifying who you are says "How many times do I have to tell you people this is a wrong number?" and hangs up.

-----DATABASE/CUSTOMER SERVICE USE ONLY-----

ASSIGNED TO: Tom Schlap DATE ASSIGNED: 12-6-05 TIME ASSIGNED: 0800

FORWARDED TO: — DATE: — TIME: —

RESULT: Issue has been outstanding for a long time and needs to be resolved. keep instructions indicate how ticket requests should be handled.

DATE RESOLVED: 12-7-05 TIME RESOLVED: 1016

Tom Schluep Jr.

From: "Tom Schluep Jr." <tschluep@1-call.com>
To: "Pam Speicher" <speicher@1-call.com>; "Bob Heinl" <rjheinl@1-call.com>
Cc: "Craig Fink" <cfink@1-call.com>; "Judy Corr" <jcorr@1-call.com>; "Thomas Schluep Jr." <tschluep@1-call.com>; "Diane Schlag" <dschleg@1-call.com>; "Lynn Hershberger" <hershbur@1-call.com>
Sent: Thursday, January 05, 2006 11:51 AM
Subject: SDOC (DDD) D & D Trailer Park - PRF

Operator Mail:

Subject:
SDOC Voice - D & D Trailer Park

Message:

There will be no change at this time to the contact information for SDOC Voice Member

D & D Trailer Park, CDC "DDD", site 6611.

When calling this number there are many different ways in which the message could be refused. It is true that D & D Trailer Park is now referring to themselves as Spot or Spot Company. This is still the same trailer park/campground as previously even though they go by a different name. They may say that they should not be receiving calls any more, however we are still required to notify them of each request.

If they are refuse to take down the ticket information which is generally the case, then please follow the instructions listed in the memo:

D AND D TRAILER PARK

WORK HOURS: Mon-Fri (0800-1700 SD Time) or (0900-1800 PA Time)

CALL THE NUMBER PROVIDED: 605-854-3982 Mark Siefkes

NOTE CALL ON THE VOICE LOG

DO NOT ARGUE WITH CUSTOMER, JUST SAY YOU WILL NOTE THAT HE REFUSED THE LOCATE, THANK HIM AND CONCLUDE THE CONVERSATION.

**IF MESSAGE IS REFUSED, RELEASE THE MESSAGE IMMEDIATELY.
DO NOT CONTINUE TO CALL.**

Instructions per Gary Craig, 5/31/01
Thomas G. Schluep Jr.
Database Administrator

One Call Systems, Inc.
115 Evergreen Heights Drive
Pittsburgh, PA 15229-1346
412-415-5073 Phone
412-415-5059 Fax
Email: tschluep@1-call.com

**TO ASSURE DATABASE INTEGRITY AND OPERATIONAL SECURITY, VERBAL
REQUESTS TO MODIFY THE DATABASE INFORMATION WILL NOT BE HONORED!**

Please allow approximately 2 business days for all routine changes to be implemented. If extensive changes are requested that cannot be implemented within this time period, OCS will contact the member and advise them of the expected implementation date.

To assure that each member is receiving mark-out requests for the appropriate areas, OCS requests that you verify the MTRs in which your facilities are located.

We look forward to a long & mutually beneficial association with your company.

Completed By: Dick Alverson

Date: 12-1-97

Company Name: D & D RU Park

1. Legal Name of your company: D 3 D RU PARK

State of Incorporation: _____

2. South Dakota Name if different: _____

3. Business Address of Company Headquarters:

Mailing Address: 305 Hwy 14 E.City: De Smet State: S.D. Zip: 57231

4. Your Company's SD One Call Correspondence Representative or Contact:

Name: Dick Halverson Title: ownerMailing Address: 305 Hwy 14 E.City: De Smet State: S.D. Zip: 57231

E-mail Address: _____ Phone: _____ Fax: _____

5. Holidays observed by your company:

The following holiday information is needed by the call center to know when your receiving location is operational. If the holiday list changes or an office closes early the day before a holiday, please make such an indication or instruct your personnel to notify the customer service department when they are leaving.

New Years Day : <input type="checkbox"/>	Martin Luther King Day: <input type="checkbox"/>	Lincoln's Birthday: <input type="checkbox"/>
Presidents Day: <input type="checkbox"/>	Washington's Birthday: <input type="checkbox"/>	Good Friday: <input type="checkbox"/>
Memorial Day: <input type="checkbox"/>	Independence Day: <input type="checkbox"/>	Labor Day: <input type="checkbox"/>
Columbus Day: <input type="checkbox"/>	Election Day: <input type="checkbox"/>	Veterans Day: <input type="checkbox"/>
Thanksgiving Day: <input type="checkbox"/>	Thanksgiving Friday: <input type="checkbox"/>	Christmas Eve: <input type="checkbox"/>
Christmas Day: <input type="checkbox"/>	New Years Eve: <input type="checkbox"/>	Other: _____

6. Message Receiver Site/Location Information:

*** Note: If your company will be receiving tickets at more than one location then this page must be duplicated for each receiving location.**

Contact Name: _____ Phone: _____ Fax : _____

Address: _____

City: _____ State: _____ Zip: _____

Normal Working Hours for this Office (Mon. - Fri.): _____ - _____ (Sat. - Sun.): _____ - _____

Primary Receiving Device Phone #: _____ Baud rate? _____

This device is a Fax: ☐ Printer: ☐ PC Software: ☐ Teletype: ☐ Voice: ☐

Alternate Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax : _____

Voice Message Information During Normal Working Hours:

Do you wish to receive a voice message from the Call Center (in addition to the regular message transmission) for an emergency message:

Emergency? Yes ☐ No ☐

If Yes, Phone Number: _____

Voice Message Information After Normal Working Hours:

Do you wish to receive a voice message from the Call Center (in addition to the regular message transmission) for an emergency message:

Emergency? Yes ☐ No ☐

If Yes, Phone Number: _____

7. Please Indicate (X) the type of underground facilities you are protecting below:

Cable TV : ☐ Gas: ☐ Electric: ☐ Water: ☐
 Traffic Light: ☐ Pipeline: ☐ Sewer: ☐
 Telecommunications: ☐ Other: _____

8. Billing Information

Name of person to bill: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____ Phone: _____ Fax : _____

Check (X) Sales Tax Status Below

- ☐ - Direct Pay (attach copy of Direct Pay Permit)
- ☐ - Exempt (attach copy of Exemption Certificate)
- ☐ - Pay Tax, if applicable

To Linda.
Genito

From: Gary Craig <gwccraig@swbell.net>
To: Joan Stiefvater <stiefvat@1-call.com>
Date: Thursday, May 10, 2001 12:39 PM
Subject: Re: SDOC: cdc-DDD D and D Trailer Park

"FILE"

No action until we receive Board direction.

Joan Stiefvater wrote:

Gary,

I received the check and letter from Mark Siefkes of D&D that you forwarded to me.

I have credited their account. Please advise regarding next action with this member.

Thanks

Joan

Linda wrote:

Gary: **D & D Trailer Park, (DDD) invoice # 85175** There are a couple of Problem Resolution Forms filed for **D & D Trailer Park, DDD**. The individual listed as the Voice Member and contact, **Mark Siefkes, 605-854-3982**, refuses to take Voice Messages. He has told our operators that he no longer needs to be notified. And on another call, that he has sent a letter (to whom?) stating they are no longer One Call Members. I checked with Joan to see if she had any information to verify this. She states that they have been a problem for about two years, not paying their bill. Joan said the D & D was sold at one time to this present person, Mark, but she never received any letter stating they were no longer members. The voice operators are in a quandry as to what to do with the voice messages they have for D & D. Can you assist? L. Genito

Schluep Jr.

From: "Tom Schluep Jr." <tschluep@1-call.com>
To: "Pam Speicher" <speicher@1-call.com>; "Bob Heint" <rjheint@1-call.com>
Cc: "Craig Fink" <cfink@1-call.com>; "Judy Corr" <jcorr@1-call.com>; "Thomas Schluep Jr." <tschluep@1-call.com>; "Diane Schlag" <dschleg@1-call.com>
Sent: Wednesday, December 07, 2005 10:15 AM
Subject: SDOC (DDD) D and D Trailer Park - PRF

Operator Mail:

Subject:
 SDOC Voice - D and D Trailer Park

Message:

There is no change at this time to the contact information for SDOC Voice Member

D and D Trailer Park, CDC "DDD", site 6611.

There are many times when the call will be refused at this phone number. While this is often the case, it is still important that we continue to make the call each time. The information will sometimes be taken depending on the person who answers the phone.

Be sure to follow the instructions listed in the memo for when these refusals occur:

CALL THE NUMBER PROVIDED: 605-854-3982 Mark Siefkes
 NOTE CALL ON THE VOICE LOG
 DO NOT ARGUE WITH CUSTOMER, JUST SAY YOU WILL NOTE THAT HE REFUSED
 THE LOCATE, THANK HIM AND CONCLUDE THE CONVERSATION.
 IF MESSAGE IS REFUSED, RELEASE THE MESSAGE IMMEDIATELY.
 DO NOT CONTINUE TO CALL.

Instructions per Gary Craig, 5/31/01

Thomas G. Schluep Jr.
 Database Administrator

One Call Systems, Inc.
 115 Evergreen Heights Drive
 Pittsburgh, PA 15229-1346
 412-415-5073 Phone
 412-415-5059 Fax
 Email: tschluep@1-call.com

12/7/05



Message Receiver Change Form for South Dakota One Call

*= Required Field

*CDC:
 *Company Name:
 *Person Submitting:
 *Phone No.: e.g. 1115552222

Primary Receiver Location Information:

Note: If your company will be receiving tickets at more than one location, then this page must be duplicated for each receiver location.

*Contact Name:
 *Phone: e.g. 1115552222
 Fax: e.g. 1115552222
 *Street Address:
 *City:
 *State: *Zip code:

*Normal Working Hours for this Office
 (Mon - Fri): to
 Normal Working Hours for this Office
 (Sat - Sun): to

Primary Receiver Device Information:

*Email: ☐ | Fax: ☐ | Printer: ☐ | PC Software: ☐ | Voice: ☐

E-mail:
 Primary Receiving Device Phone Number
 (if not listed as email above): e.g. 1115552222
 Baud Rate:

Voice Message Receiver Information (incurs additional charge):

Normal Working Hours:

Do you wish to receive a voice message from the Call Center (in addition to the regular message transmission) for an emergency message?

1. Emergency? Yes: ☐ | No: ☐ If Yes, Phone Number: e.g. 1115552222
 2. Dig Ins? Yes: ☐ | No: ☐ If Yes, Phone Number: e.g. 1115552222

After Normal Working Hours:

Do you wish to receive a voice message from the Call Center (in addition to the regular message transmission) for an emergency message?

1. Emergency? Yes: ☐ | No: ☐ If Yes, Phone Number: e.g. 1115552222
 2. Dig Ins? Yes: ☐ | No: ☐ If Yes, Phone Number: e.g. 1115552222

*Additional Instructions:

Completion Day: Monday ☐ Completion Time: 08:00 AM ☐ Completion Date: 00/00/0000

1) letter request update

SOUTH DAKOTA ONE CALL AND ONE CALL SYSTEMS, INC.

SOUTH DAKOTA ONE CALL MEMBER DATA REQUEST

I would like to take this opportunity to introduce ONE CALL SYSTEMS, INC. (OCS). OCS provides one call services to the South Dakota One Call Notification Board. As a member of the OCS team, your company will share in the most current notification technology presently available to the industry.

All information must be provided to ensure your company's needs are met. The computer and communication facilities that are operated for the South Dakota One Call Center make up a highly sophisticated system that will allow OCS to customize our services to your individual requirements.

If desired, an electronic version of this form can be obtained by e-mailing a request to OCS gwcraig@swbell.net or hershbur@1-call.com.
Otherwise, please complete the attached form and mail to:

**South Dakota One Call
c/o One Call Systems, Inc.
115 Evergreen Heights Drive, Pittsburgh, PA 15229**

You can also fax the completed form to OCS @ 412-415-5059

*** Please read and complete this information form in its entirety & PRINT clearly ***

If you have any questions regarding the requested information on this form, call Gary Craig at 1-800-873-3588 Option #1 or 281-970-0505 or 1-800-873-3588 Option #2 for Customer Service.

All future changes to this information and/or to your notification area should be forwarded to OCS' Customer Service Department as noted above. Please allow approximately 2 business days for all routine changes to be implemented. If extensive changes are requested that cannot be implemented within this time period, OCS will contact the member and advise them of the expected implementation date.

**TO ASSURE DATABASE INTEGRITY AND OPERATIONAL SECURITY, VERBAL REQUESTS
TO MODIFY THE DATABASE INFORMATION WILL NOT BE HONORED!**

We look forward to a long & mutually beneficial association with your company.

Completed By: _____ Date: _____

Company Name: _____

Call Directing Code = _____ (OCS will assign upon return)

1. **Legal Name of your Company:** _____

State of Incorporation: _____

2. **South Dakota Name** (if different): _____

3. **Business Address of Company Headquarters:**

Mailing Address: _____

City: _____ State: _____ Zip : _____

4a. **Your Company's SD One Call Correspondence Representative or Contact:**

Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone : _____ Fax: _____

E-mail Address: _____

4b. **Your Company's Alternate One Call Representative or Contact:**

Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone : _____ Fax : _____

E-mail Address: _____

5a. Primary Receiver Location Information

Note: If your company will be receiving tickets at more than one location then this page must be duplicated for each receiver location.

Contact Name: _____ Phone: _____ Fax : _____

Address: _____

City: _____ State: _____ Zip: _____

Normal Working Hours for this Office (Mon. - Fri.): _____ (Sat. - Sun.): _____

5b. Primary Receiver Device Information

Email: _____ Fax: _____ Printer: _____ PC Software: _____ Voice: _____

Email Receiver Address: _____

Primary Receiving Device Phone # (if not listed as email above): _____

Baud rate _____

6. Voice Message Receiver Information:**6a. Normal Working Hours:**

Do you wish to receive a voice message from the Call Center (in addition to the regular message transmission) for an emergency message?

Emergency? Yes _____ No _____

Dig Ins? Yes _____ No _____

If Yes, Phone Number: _____

6b. After Normal Working Hours:

Do you wish to receive a voice message from the Call Center (in addition to the regular message transmission) for an emergency message?

Emergency? Yes _____ No _____

Dig Ins? Yes _____ No _____

If Yes, Phone Number: _____

7. Holidays observed by your company:

The following holiday information is needed by the call center to know when your receiving location is operational. If the holiday list changes or an office closes early the day before a holiday, please make such an indication or instruct your personnel to notify the Customer Service Department at 800-873-3588 when they are leaving.

Holidays	Full Day	Half Day	Date	Holidays	Full Day	Half Day	Date
New Years Day				Columbus Day			
Martin Luther King Day				Election Day			
Lincoln's Birthday				Veteran's Day			
President's Day				Thanksgiving Day			
Washington's Day				Thanksgiving Friday			
Good Friday				Christmas Eve			
Memorial Day				Christmas Day			
Independence Day				New Year's Eve			
Labor Day				Other:			

8. Please Indicate (X) the type of underground facilities you are protecting below:

Cable TV : _____ Gas: _____ Electric: _____ Water: _____ Traffic Light: _____

Pipeline: _____ Sewer: _____ Telecommunications: _____ Other: _____

9. Billing Information

Name of person to bill: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____ Fax : _____

Check (X) Sales Tax Status

_____ - Direct Pay (attach copy of Direct Pay Permit)

_____ - Exempt (attach copy of Exemption Certificate)

_____ - Pay Tax. if applicable